

Print Form

STATE OF MAINE
New Vendor & Vendor Update Form

Reset

Please return this form to your AGENCYcontact.

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

FEDERAL TAXPAYER ID NUMBER

☐ Social Security No. Individual or Sole Proprietor Business name in "DBA" field below.

TIN

☐ Employer ID No. Corporation/Business Business name in "Name" field below.

- | | | | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Commodity | <input type="checkbox"/> Factory Rep | <input type="checkbox"/> Individual | <input type="checkbox"/> Jobber | <input type="checkbox"/> Minority | <input type="checkbox"/> Partnership | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Incorporated | <input type="checkbox"/> In-State | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Other | <input type="checkbox"/> Retailer | <input type="checkbox"/> Woman |

Vendor Customer Number (if known) VC#

Account or Client Number (if known)

NEW: REMIT TO ADDRESS ONLY

OLD:

Name

Name

Alias/DBA

Alias/DBA

C/O

C/O

Address

Address

City/State/

Zip

City/State/

Zip

Phone

Phone

Contact Name:

Contact Phone

A/R Contact Name

A/R Contact Phone

Email Address:

Title of signee:

Authorized Signature &
Current Date:

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS # *

Agency Contact Person Name & Title*

Contact's Phone #